

The Patriot House- A Home for Homeless Veterans

4103 Ritchie Highway
Brooklyn Maryland 21225
Arundel House of Hope Main Phone Number: 410-863-4888
Main Fax: 410-863-7235

REFERRAL FORM

Date: _____

Applicant's name: _____

Mailing Address: _____

Phone number: _____ Social Security Number: _____ - _____ - _____

Age: _____ Date of Birth: _____

Referral Source: Name: _____

Organization/Agency: _____

Address: _____

Phone #: _____

Income Sources SSI \$ _____ SSDI \$ _____ AFDC \$ _____ WIC \$ _____

Food Stamps \$ _____ Temp Cash Asst (TCA) \$ _____ Other(specify) _____ \$ _____

GED/H.S. GRAD Y N Transportation Used: _____ # of Child(en) _____

Check all that apply:

Single Married Significant Other Separated Divorced Widowed Drugs Alcohol

Counseling Other (specify) _____

Present Situation: _____

Prior Living Situation: Street Emergency Shelter Transitional Psychiatric Facility*

Hospital* Substance Abuse Treatment Facility* Domestic-violence Situation Living with relatives/friends Rental Housing Other (specify) _____

***If applicant was in one of these less than 30 days refer to living situation prior to entering the facility.**

Has applicant ever lived independently? Y N If yes, type of housing _____

Length of time in housing _____ Is applicant on waiting list for permanent housing?

Y N

Has applicant ever lived in a group home? Y N

If yes, list names of group homes, length of stay, and reasons for leaving:

Applicant possesses (check all that apply): Birth Certificate Social Security Card MD ID

Checking/Saving Account Valid Driver's License

Application Form

Date: _____

Admittance Criteria for The Veterans Program

United States Armed Forces Veteran

- § If on medication, able and willing to self-medicate.
- § Currently homeless.
- § Negative drug and alcohol screening prior to admission.
- § Male 18 years of age or older.
- § Unemployed or underemployed.
- § Ability to live in a group environment and share a room.

Additional requirements

- § Willing to submit to random alcohol and drug testing.
- § Willing to participate in all mandatory program activities.
- § Willing to submit to a criminal background check and reference check.
- § Willing to be truthful and honest with all staff.
- § Willing and able to save money (80% of total monthly income).
- § Have the ability to follow staff directions.
- § Have the ability to communicate with staff.

IDENTIFYING INFORMATION (To ensure that this form can be processed make sure that you complete everything on this application)

Applicant's Name: _____

Mailing Address: _____

Phone Number: _____ Social Security Number: ____-____-____

Age: _____ Date of Birth: _____

Emergency Contact: Name: _____

Address: _____

Phone #: _____

Relationship: _____

Referral Source: Name/Agency: _____

Address: _____

Phone #: _____

DEMOGRAPHICS

Gender: M F

Marital Status Single Married Living Together
 Separated Divorced Widowed

Ethnicity: Hispanic Non-Hispanic or Non-Latino

Race: American Indian/Alaskan Native Asian/Pacific Islander
 Black/African American Asian & White
 Native Hawaiian/Other Pacific Islander White
 American Indian/Alaskan Native & White
 Black/African American & White Other Multiracial
 American Indian/Alaskan Native & Black/African American

State of Residency: MD City/County_____

Out of state Date moved to MD (mo/yr)_____

Veteran: Y N Branch_____ Yrs of Service_____

Type of Discharge_____

Referral Source

Self Alcohol and drug program Police

Street outreach worker Other social service staff Church staff

Psychiatric hospital staff PHA waiting list Unknown

Mental Health outpatient Clinic Emergency or transitional shelter staff

Other (specify) _____

Primary Disability

Mental illness Alcohol Abuse Drug Abuse

HIV/AIDS and related diseases Developmental Disability Physical Disability

Domestic Violence Other (specify) _____

RENTAL/HOUSING INFORMATION

Current Living Situation

Are you Homeless? Y N How long have you been homeless? _____

Where are you currently living? _____

How long have you been there? _____

Have you been on the street &/or emergency shelter for a continuous year or more? Y N

Have you been on the street &/or emergency shelter 4 times or more within the last three years:
 Y N

Have you ever applied to The Fouse Center in the past? Y N

If yes, did you come into the program? Y N If yes, what year _____

Have you been discharged from any facility? Y N

If yes, list type of facility _____

Who was your last landlord? (Include relative if you paid rent):

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If relative, state how you are related: _____

Rent \$ _____ per month. Dates lived there? _____ to _____

Primary reason for current homelessness (check all that apply):

- Evicted from rental housing Left over-crowded shared arrangements
 Asked to leave by family/roommate Unemployed Fled abusive situation
 Other (explain): _____

Prior Living Situation

- Street Emergency shelter Transitional Psychiatric facility*
 Hospital* Substance abuse treatment facility* Jail/Prison*
 Domestic-violence Situation Living with relatives/friends Rental Housing
 Other (specify) _____

**If you were in one of these facilities less than 30 days refer to living situation prior to entering the facility.*

Have you ever lived independently? Y N If yes, type of housing _____

Length of time in that housing _____

Are you on a waiting list for permanent housing? Y N

Have you ever lived in a group home? Y N

If yes, list names of group homes, length of stay, and reasons for leaving:

FINANCIAL INFORMATION (Your **total gross monthly** income including money from any assistance sources)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> No income | <input type="checkbox"/> \$251 – 500 | <input type="checkbox"/> \$1,501 – 2,000 |
| <input type="checkbox"/> \$1 – 150 | <input type="checkbox"/> \$501 – 1,000 | <input type="checkbox"/> \$2,000+ |
| <input type="checkbox"/> \$151 – 250 | <input type="checkbox"/> \$1,000 – 1,500 | |

Assistance Sources (Enter the monthly amount next to the source)

- | | |
|---|------------------------------|
| \$_____ Supplemental Security Income (SSI) | \$_____ Social Security |
| \$_____ Social Security Disability Insurance (SSDI) | \$_____ Veterans Benefits |
| \$_____ General Public Assistance | \$_____ Food Stamps |
| \$_____ State Children’s Health Insurance Program (SCHIP) | \$_____ Medicaid |
| \$_____ Temporary Aid to Needy Families (TANF) | \$_____ Veterans Health Care |
| \$_____ Employment Income | \$_____ Unemployment |
| \$_____ No Financial Resources | |
| \$_____ Other (specify) _____ | |

Total Monthly Income and other benefits: \$ _____

Banking Information

- Do you have a savings account? Y N
- Do you have a checking account? Y N

If yes:

Where is this account? _____

What type of account? _____

How much saved? _____

Outstanding Debts (Mark all that apply and then list them along with the amount)

- Utilities (gas, electric, etc.)
- Phone (Verizon, AT & T, etc.)
- Credit Cards (VISA, Discovery, Hecht’s, Sears, etc.)
- Court Ordered Child Support
- Delinquent Rent (Former landlords, etc.)
- Elder Care
- Other (specify) _____

List all financial debts: *Including money you owe any individuals (friends, family, etc.)*

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

EMPLOYMENT HISTORY

Are you currently employed? Y N

List your current employer, **or** your *last employer* if not currently employed:

Company Name: _____ Phone #: _____

Address: _____

Supervisor: _____ Shift: _____

Wage: _____ Job Title: _____

List any specialized job skills or training _____

SUBSTANCE HISTORY

When was the last time you consumed alcohol? _____

When was the last time you consumed illegal drugs? _____

List the drug(s) _____

When was the last time you consumed prescription drugs (prescribed to someone other than yourself)? _____

List the drug(s) _____

Are there any medications that you take on an ongoing bases? Y N

If yes, list all the medications? _____

If yes, do you self-medicate? Y N

If accepted to The Fouse Center could you bring those medications with you? Y N

CRIMINAL RECORD

Have you ever been arrested? Y N If yes, *explain*: _____

Have you ever been convicted of a crime? Y N If yes, *explain*: _____

Are you currently on parole or probation? Y N If yes, list your parole/probation officer's name, address, and phone number.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Do you have any open Warrants? Y N

ADDITIONAL INFORMATION

Do you have and disabilities that may prevent you from communicating with the staff?

Y N

Do you have the ability to follow staff directions? Y N

Do you know how to read? Y N

Do you know how to write? Y N

REFERENCES

(A reference without a phone number is not a valid reference because we cannot contact the person)

List two personal references:

Name: _____ Phone#: _____

Address: _____

Relationship: _____ How long has this person known you? _____

Name: _____ Phone#: _____

Address: _____

Relationship: _____ How long has this person known you? _____

List two employment references:

Name: _____ Phone#: _____

Address: _____

Relationship: _____ How long has this person known you? _____

Name: _____ Phone#: _____

Address: _____

Relationship: _____ How long has this person known you? _____

=====

TRUTHFULNESS STATEMENT

To the best of my knowledge, I have filled out this application as truthfully, correctly, and completely as possible. I understand that this information will be used to determine my eligibility for admittance into The Patriot House- a home for homeless Veterans and if it is false, incorrect, or incomplete my application may be rejected or my stay at the center terminated.

I agree to allow The Fouse Center's employees or their designated agent to verify the information on this application by interviewing my references and representatives of other agencies, verifying my income and asset information, obtaining my rental history and other information as necessary.

Signature _____ Date _____

=====

FOR STAFF USE ONLY

A D I

● Specifics:

RP

NT

NMR (specify): _____

NV

NK

Other (specify): _____

PINKERTON CONSULTING AND INVESTIGATION

In connection with my application for program participation or employment, I authorize Pinkerton Consulting and Investigation and their respective agents, to solicit information about my criminal background, credit, social security, driving, employment, academic, and general public records history. I AUTHORIZE, WITHOUT RESERVATION, ANY GOVERNMENT AGENCY CONTACTED BY PINKERTON CONSULTING AND INVESTIGATION OR THEIR RESPECTIVE AGENTS, TO FURNISH THE ABOVE REFERENCED INFORMATION. I release Pinkerton Consulting and Investigation, their respective employees, agents, and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports.

Pinkerton Consulting and Investigation retains copies of criminal backgrounds for a maximum of thirty days. They are destroyed after that period.

I have been advised of my rights under the Fair Credit Reporting Act. If negative information should be presented in my name, I reserve the right to contact Pinkerton consulting and Investigation for clarification.

Hard copy of records is kept for 30 days.

NAME (print) _____
(First) (Middle) (Last)

OTHER NAMES USED (including Maiden names) _____

CURRENT ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS AT THIS ADDRESS _____

PRIOR ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS AT THIS ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE # _____ STATE OF ISSUE _____

EXP. DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME OF MOST RECENT EMPLOYER _____

ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ # OF YEARS EMPLOYED AT THIS ADDRESS _____

SIGNATURE _____ DATE _____

(Parent Signature, if under 18)

WITNESS _____

Memo

To: To Whom It May Concern

From: Case Manager

CC: Case File

Date: _____

Re: Verification of Homelessness

Name of Applicant: _____

This memo is to verify that _____ is homeless because of the following reasons:

- Homeless living on the street
- Was in a residential program for more than 30 days
- Was/will be evicted
- Incarcerated for more than 30 days
- Domestic violence situation
- Emergency shelter
- Hospital/psychiatric facility for more than 30 days

Additional Comments:

Signature of Verifying Staff

Date

Memo

To: To whom It May Concern
From: _____
CC: _____
Date: _____
Re:

Name of applicant: _____

I hereby certify that I am unemployed, homeless and living at

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SUPPORTER (CASE MANAGER)

DATE

SOCIAL SECURITY NUMBER